

12-21-04

PART B - FEE(S) TRANSMITTAL

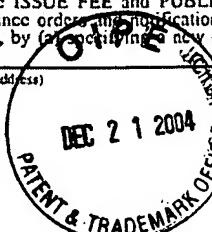
Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax **(703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance order, and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23579 7590 09/30/2004

PATREA L. PABST
PABST PATENT GROUP LLP
400 COLONY SQUARE
SUITE 1200
ATLANTA, GA 30361



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. **EV 487328075 US**

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Rivka A. Bergman (Depositor's name)
Rivka A. Bergman (Signature)
12-21-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,930	11/30/2001	Jane Hirsh	CP 104	2912

TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION FOR COMPRESSED ANNULAR TABLET WITH MOLDED TRITURATE TABLET FOR BOTH INTRAORAL AND ORAL ADMINISTRATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, SUSAN T	1615	424-472000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> Pabst Patent Group LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Collegium Pharmaceutical, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cumberland, Rhode Island

12/27/2004 MBERHE1 00000016 503129 10015930

81 FC:2501	700.00 DA
03 FC:8001	30.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3129 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above):

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Rivka D. Monheit

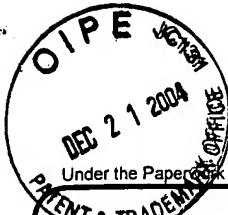
Date December 21, 2004

Typed or printed name Rivka D. Monheit

Registration No. 48,731

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,030.00)

Complete if Known

Application Number	10/015,930
Filing Date	November 30, 2001
First Named Inventor	Jane Hirsh
Examiner Name	Susan Tran
Art Unit	1615
Attorney Docket No.	CP 104

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES SEARCH FEES EXAMINATION FEES

<u>Application Type</u>	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

22 - 23 or HP = 0 x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

4 - 4 or HP = 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee, Publication Fee, and 10 Advance Copies

\$1,030.00

SUBMITTED BY

Signature	<i>Rivka D. Monheit</i>	Registration No. 48,731 (Attorney/Agent)	Telephone (404) 879-2152
Name (Print/Type)	Rivka D. Monheit		Date December 21, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jane Hirsh, Kamal K. Midha, Mark Hirsh, and Whe-Yong Lo

Express Mail Label No.: EV 487328075 US

Serial No.: 10/015,930 Date of Deposit: December 21, 2004

Filed: November 30, 2001 Art Unit: 1615

Examiner: Susan T. Tran

For: *PHARMACEUTICAL COMPOSITION FOR COMPRESSED ANNULAR TABLET
WITH MOLDED TRITURATE TABLET FOR BOTH INTRAORAL AND ORAL
ADMINISTRATION*

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF ISSUE FEE

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed on September 30, 2004, transmitted herewith are the (1) Issue Fee Transmittal Form PTOL-85B; (2) Fee Transmittal; and (3) authorization for the Commissioner to charge the amount of \$1,030.00 to Deposit Account No. 50-3129 in payment of the (a) \$700.00 issue fee for a small entity, (b) \$300.00 publication fee, and (c) \$30.00 fee for ten (10) copies of the patent.

U.S.S.N.: 10/015,930

Filed: November 30, 2001

TRANSMITTAL OF ISSUE FEE

Express Mail Label No.: EV 487328075 US

Date of Deposit: December 21, 2004

This application is entitled to claim small entity status pursuant to 37 C.F.R. § 1.27.

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment in connection with this patent application to Deposit Account No. 50-3129.

Respectfully submitted,

Rivka D. Monheit

Rivka D. Monheit

Registration No. 48,731

Date: December 21, 2004

PABST PATENT GROUP LLP
400 Colony Square, Suite 1200
1201 Peachtree Street
Atlanta, Georgia 30361
(404) 879-2152 (Telephone)
(404) 879-2160 (Fax)